

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	451	3-30-96
TYPIST	343	4/1/96
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	Original
1	3/17/97
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SYMBOLS

✓ ..... Rejected

= ..... Allowed

- (Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
Final	Original
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